

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10/644,127

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/		/			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16	/					
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27	0					
28						
29						
30						
31						
32						
33						
34						
35						
36	0					
37						
38						
39						
40						
41						
42						
43	/	/	/	/		
44						
45						
46						
47						
48						
49						
50						

TOTAL IND.

2

TOTAL DEP.

24

TOTAL CLAIMS

43

1

2

3

4

5

6

TOTAL IND.

1

TOTAL DEP.

1

TOTAL CLAIMS

1

1

1

1

1

1